## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. DEP. IND. Ţ Ì $^{28}$ **9** TAL O. TOTAL TAL P. TOTAL DEP.